

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) **09/463681**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	2		/			
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TOTAL IND.			1			
TOTAL DEP.	10	←	9	←	10	←
TOTAL CLAIMS	11	→	10	→	11	→

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.		←	→
TOTAL CLAIMS		→	→